

FINAL 2004

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

OMB NO.: 1820-0557

ORIGINAL SUBMISSION EXPIRES: 8/31/2007

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING
EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: Montana

SECTION A

TOTAL NUMBER OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES					COMPUTED TOTAL
	Total	AGE AS OF DECEMBER 1:			
		birth to 1 (12 months)	1 to 2 (> 12 and 24 months)	2 to 3 (> 24 and 36 months)	
TOTAL(ROWS 1-5)	677	170	220	287	677
1. AMERICAN INDIAN OR ALASKA NATIVE	144				
2. ASIAN OR PACIFIC ISLANDER	6				
3. BLACK (Not Hispanic)	13				
4. HISPANIC	23				
5. WHITE (Not Hispanic)	491				
COMPUTED TOTAL		677			

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING
EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: Montana

SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

NUMBER OF INFANTS AND TODDLERS IDENTIFIED AS AT-RISK (THESE INFANTS AND TODDLERS SHOULD BE INCLUDED IN COUNTS FOR SECTION A)					
	Total	AGE AS OF DECEMBER 1			COMPUTED TOTAL
		birth to 1 (12 months)	1 to 2 (> 12 and 24 months)	2 to 3 (> 24 and 36 months)	
TOTAL (ROWS 1-5)	0	0	0	0	0
1. AMERICAN INDIAN OR ALASKA NATIVE	0				
2. ASIAN OR PACIFIC ISLANDER	0				
3. BLACK (Not Hispanic)	0				
4. HISPANIC	0				
5. WHITE (Not Hispanic)	0				

SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TODDLERS WHO RECEIVED EARLY INTERVENTION SERVICES FROM <u>10/01/03</u> TO <u>09/30/04</u> (SPECIFY EXACT DATES)	
NUMBER OF INFANTS AND TODDLERS	AGE: birth through 2 1400

COMPUTED TOTAL 0

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: *MONTANA*

Section A: Report by Individual Age Year

AGE GROUP AS OF DECEMBER 1				
PROGRAM SETTING	Total	Birth-1 (0 to <12 months)	1-2 (≥12 and < 24 months)	2-3 (≥24 and <36 months)
TOTAL (ROWS 1-7)	<i>677</i>	<i>170</i>	<i>220</i>	<i>287</i>
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	<i>18</i>	<i>2</i>	<i>4</i>	<i>12</i>
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	<i>24</i>	<i>1</i>	<i>3</i>	<i>20</i>
3. HOME	<i>600</i>	<i>159</i>	<i>201</i>	<i>240</i>
4. HOSPITAL (INPATIENT)	<i>4</i>	<i>3</i>	<i>1</i>	<i>0</i>
5. RESIDENTIAL FACILITY	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
6. SERVICE PROVIDER LOCATION	<i>27</i>	<i>2</i>	<i>11</i>	<i>14</i>
7. OTHER SETTING*	<i>4</i>	<i>3</i>	<i>0</i>	<i>1</i>

* Please list the Other Settings included:

*GATEWAY TREATMENT FACILITY (PARENT AND CHILD LIVE THERE
WHILE IN TREATMENT; NUTURING CENTER (BLACKFOOT INDIAN
RESERVATION); RESTAURANT*

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: *1/31/05*

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: *MONTANA*

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2						
PROGRAM SETTING	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL (ROWS 1-7)	<i>677</i>	<i>144</i>	<i>6</i>	<i>13</i>	<i>23</i>	<i>491</i>
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	<i>18</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>2</i>	<i>15</i>
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	<i>24</i>	<i>5</i>	<i>2</i>	<i>0</i>	<i>2</i>	<i>15</i>
3. HOME	<i>600</i>	<i>129</i>	<i>4</i>	<i>13</i>	<i>19</i>	<i>435</i>
4. HOSPITAL (INPATIENT)	<i>4</i>	<i>3</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>
5. RESIDENTIAL FACILITY	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
6. SERVICE PROVIDER LOCATION	<i>27</i>	<i>4</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>23</i>
7. OTHER SETTING*	<i>4</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>2</i>

* Please list the Other Settings included:

*GATEWAY TREATMENT FACILITY (PARENT & CHILD
LIVE THERE WHILE PARENT IS IN TREATMENT);
NUTURING CENTER (BLACKFOOT INDIAN RESERVATION)*

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: *1/31/05*

TABLE 3

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS
2004-2005

STATE: MONTANA

12-Month Reporting Period (From MM/YY to MM/YY): 07/03 - 07/04
7/1/03 - 6/30/04

REASONS FOR EXIT	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING (ROWS 1-9)	636	112	7	11	31	475
SECTION A: PROGRAM COMPLETION						
1. COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	143	14	1	1	6	121
2. PART B ELIGIBLE	180	15	5	2	9	149
3. NOT ELIGIBLE FOR PART B, EXIT TO OTHER PROGRAMS	43	5	1	1	3	33
4. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	12	1	0	0	0	11
5. PART B ELIGIBILITY NOT DETERMINED	52	16	0	2	3	31
SECTION B: OTHER EXIT REASONS						
6. DECEASED	6	0	0	0	1	5
7. MOVED OUT OF STATE	58	9	0	1	4	44
8. WITHDRAWAL BY PARENT (OR GUARDIAN)	71	15	0	2	4	50
9. ATTEMPTS TO CONTACT UNSUCCESSFUL	71	33	0	2	1	35

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: 1/31/05

TABLE 4

REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED
TO INFANTS, TODDLERS, AND THEIR FAMILIES
IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: MONTANA

EARLY INTERVENTION SERVICES	NUMBER OF INFANTS AND TODDLERS (BIRTH THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES					
	Total	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
1. ASSISTIVE TECHNOLOGY SERVICES/DEVICES	47	8	0	1	2	36
2. AUDIOLOGY	146	23	1	2	3	117
3. FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT	402	108	5	10	8	271
4. HEALTH SERVICES	54	20	0	0	0	34
5. MEDICAL SERVICES (for diagnostic or evaluation purposes)	154	33	2	0	3	116
6. NURSING SERVICES	35	8	1	0	0	26
7. NUTRITION SERVICES	156	40	1	5	3	107
8. OCCUPATIONAL THERAPY	193	31	1	5	6	150
9. PHYSICAL THERAPY	203	31	2	3	6	161
10. PSYCHOLOGICAL SERVICES	31	1	1	3	1	25
11. RESPITE CARE	91	24	1	2	2	62
12. SOCIAL WORK SERVICES	61	25	0	0	1	35
13. SPECIAL INSTRUCTION	208	38	2	5	12	151
14. SPEECH-LANGUAGE PATHOLOGY	253	25	1	5	7	215
15. TRANSPORTATION AND RELATED COSTS	56	24	2	1	0	29
16. VISION SERVICES	60	12	0	0	2	46
17. OTHER EARLY INTERVENTION SERVICES*	207	22	0	4	5	176

* Please list the Other Early Intervention Services included: _____

MASSAGE THERAPY; VISION THERAPY; EVALUATION/ASSESSMENT SERVICES;
TODDLER GROUP; FAMILY SUPPORT SPECIALIST; EARLY HEAD START; NICU FOLLOW-UP
CLINIC;
AWARE; SPINA BIFIDA CLINIC; DEAF BLIND (OPI); CRANIAL FACIAL CLINIC; SHODAIR CLINIC;
MONTECH; THERAPEUTIC HORSEBACK RIDING; KINDER MUSIC; SWIMMING; PRESCHOOL;
ORIGINAL SUBMISSION/REVISION (Circle one)
CURRENT DATE: 1/31/05
PRESCHOOL FOR HEARING IMPAIRED; HIGH RISK INFANT SCREENING;
TODDLER GROUP; TRAVEL ASSISTANCE FOR MEDICAL & THERAPY CARE

TABLE 5

NUMBER AND TYPE OF PERSONNEL (In Full-Time Equivalency of Assignment) EMPLOYED
AND CONTRACTED TO PROVIDE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS
WITH DISABILITIES AND THEIR FAMILIES

December 1, 2004

STATE: MONTANA

EARLY INTERVENTION SERVICES PERSONNEL	FTE EMPLOYED AND CONTRACTED (for ages birth through 2)
TOTAL (ROWS 1-15)	81.3694
1. AUDIOLOGISTS	.2273
2. FAMILY THERAPISTS	7.0738
3. NURSES	5.8063
4. NUTRITIONISTS	.7715
5. OCCUPATIONAL THERAPISTS	3.243
6. ORIENTATION AND MOBILITY SPECIALISTS	.0096
7. PARAPROFESSIONALS	2.334
8. PEDIATRICIANS	.4626
9. PHYSICAL THERAPISTS	2.5782
10. PHYSICIANS, OTHER THAN PEDIATRICIANS	.432
11. PSYCHOLOGISTS	.09
12. SOCIAL WORKERS	2.2506
13. SPECIAL EDUCATORS	2.5697
14. SPEECH AND LANGUAGE PATHOLOGISTS	4.2485
15. OTHER STAFF*	49.2723

* Please list the Other Professional Staff Included:

FAMILY SUPPORT SPECIALISTS; EHS INFANT/TODDLER TEACHER;
THERAPEUTIC HORSEBACK RIDING INSTRUCTOR;
VISION CONSULTANT; DEAF EDUCATORS; KINDER MUSIC TEACHER;
PARENT MENTOR; PRESCHOOL TEACHER; DEAF BLIND CONSULTANT;
HIGH RISK INFANT SCREENING; EARLY HEAD START

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: 1/31/05